

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for non-prisoners to file a civil complaint. NEATLY print in ink (or type) your answers.]

Deborah Reway
Dickerson-Seamster

[You are the **PLAINTIFF**, print your full name on this line.]

v. Dept of
FSSA

[The **DEFENDANT** is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

FILED -

DEC 20 2018

At ROBERT N. TROVICH, Clerk.
U.S. DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

2:18CV479

Case Number _____

[For a new case in this court, leave blank.
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

CIVIL COMPLAINT

| # | Defendant's Name and Job Title | Address |
|---|---|-------------------------------------|
| 1 | [Put the defendant named in the caption in this box.] Department of FSSA | 661 Broadway Gary, Indiana 46406 |
| 2 | [Put the names of any other defendants in these boxes.] | |
| 3 | | |

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? 1

2. What is your address? 2394 Fillmore Street
Gary Indiana

3. What is your telephone number: (312) 724-9440

4. Have you ever sued anyone for these exact same claims?

☒ No.

☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. I filed for Food Stamps and Medical benefits on ~~November~~ December 5th on about this date. The Food Stamp Office was informed by (me) Plaintiff over phone that I would be moving to Illinois and all benefits in Indiana be closed by October 31st, 2018.
- 2) I however had to or was informed by the Food Stamp Office on Ridge Rd that A Official letter of Withdrawal of benefits had to be signed and turned IN to the FSSA.
- 3) I found out that I would not be moving to Illinois right away or changed my mind And I was told every thing was still in place when I called the office of FSSA and no further action was needed
- 4) On November 5th or so about this date of having to go to My Therapist at Regional

Claims and Facts (continued)

mental Health, I found out my medical benefits were closed. I tried to reapply ~~within~~ within the office. I was given all sorts of paper work to bring back, and told to reapply for benefits. I reapplied and turned in all required documents. I still have no food stamps or medical benefits.
see back →

PRIOR LAWSUITS – Have you ever sued anyone for this exact same event?

☒ No.

☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

RELIEF – If you win this case, what do you want the court to order the defendant to do?

I am seeking relief of appropriate amount that the court see's fit in monetary value.

FILING FEE – Are you paying the filing fee?

☐ Yes, I am paying the \$400.00 filing fee. I understand that I am responsible to notify the defendant about this case as required by Federal Rule of Civil Procedure 4. [If you want the clerk to sign and seal a summons, you need to prepare the summons and submit it to the clerk.]

☒ No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to notify the defendant about this case.

[Initial Each Statement]

DDS I will keep a copy of this complaint for my records.

DDS I will promptly notify the court of any change of address.

DDS I declare **under penalty of perjury** that the statements in this complaint are true.

Daboch Seanster
Signature

12-20-18
Date

SOCIAL SECURITY ADMINISTRATION

Date: December 20, 2018
BNC#: 18BC776D39477
REF: A ,DI

DEBORAH R SEAMSTER
1215 CHURCH ST
EVANSTON IL 60201-3505

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2019, the current
Supplemental Security Income payment is.....\$ 771.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 888-371-0791. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
2116 GREEN BAY RD
EVANSTON, IL 60201

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PENDING VERIFICATIONS FOR APPLICANTS / RECIPIENTS

State Form 54107 (R12 / 8-17) / DFR 2032

DFRZ8AE0100R8JRW9

DATE: 12/4/2018

TO:

DEBORAH R SEAMSTER
2394 FILLMORE ST GARY, IN 46407

YOUR DEADLINE FOR SUBMITTING THIS INFORMATION IS:

SNAP

12/17/2018

Health Coverage

Cash Assistance

Case name

DEBORAH R SEAMSTER

Case number

1056945213

MAIL OR FAX YOUR INFORMATION TO:

FSSA Document Center

PO Box 1810

Marion, Indiana 46952

Fax: 1-800-403-0864

IMPORTANT – This request for additional information is for SNAP, Cash or Health Coverage benefits you have applied for or are receiving. This application will be denied or current benefits discontinued unless a response is received by the Deadline(s) specified above.

1. Please fax (faster than mail) or mail copies of the items marked with an 'x' in the table below to Family and Social Services Administration (FSSA) or **your benefits will be denied or discontinued.**
2. If you do not have the exact papers listed below, you may send/bring in others that provide the same information.
3. If you need help getting the information requested, contact FSSA at 1-800-403-0864.
4. Write your Case name and Case number on each item you fax or mail.
5. Fax or mail the Cover Sheet and the other items needed.
6. **Please note: if you sent the requested information since the mailing date of this notice, you do not need to send the documents again.**

Proof of (examples of valid documents)

For Person(s)

☒ **Utility Expense**
Utility bills

DEBORAH R SEAMSTER

Comments: PLEASE PROVIDE VERIFICATION OF YOUR TELEPHONE EXPENSE.

☒ **Residency**
Lease, rent receipts, mortgage receipts, statement from landlord, utility bill, property tax statement, driver's license, school records, other forms of ID, employment records, church records, local postal record

DEBORAH R SEAMSTER

Comments: PLEASE HAVE YOUR PARENTS COMPLETE THE ATTACHED SHELTER COLLATERAL FORM TO INDICATE VERIFICATION OF INDIANA RESIDENCY.

☒ **Notice Regarding Rights and Responsibilities:** Copy provided for your information

Deborah Seamster
2394 Fillmore Street
DS Basement Apt
Gary, Indiana 46407

December 17, 2018

Dept of FSSA
661 Broadway,
Gary, IN 46402

Dear Ms. Jackson:

Per your request for a letter stating that I did all I could to get an telephone bill. The cell phone I had has been disconnected since July. Included with this letter is my car registration . My car is registered in Evanston at this time due to Domestic Violence. Please do not release this information anyone. YWCA in Evanston has this information as well but will not discuss this with you.

Please Process this medical application ASAP. I have been without medication for for my high blood pressure and PTSD for 2 or 3 weeks now.

If you have any questions, please call

Deborah Penny Seamster
Deborah Seamster

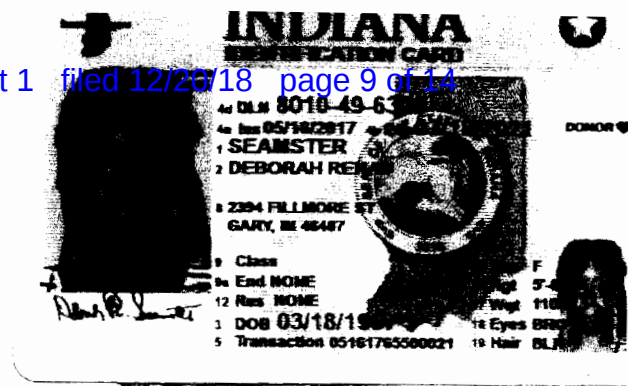
DEBORAH R SEAMSTER
1215 CHURCH ST
EVANSTON IL 60201

2019 Illinois Registration Identification Card

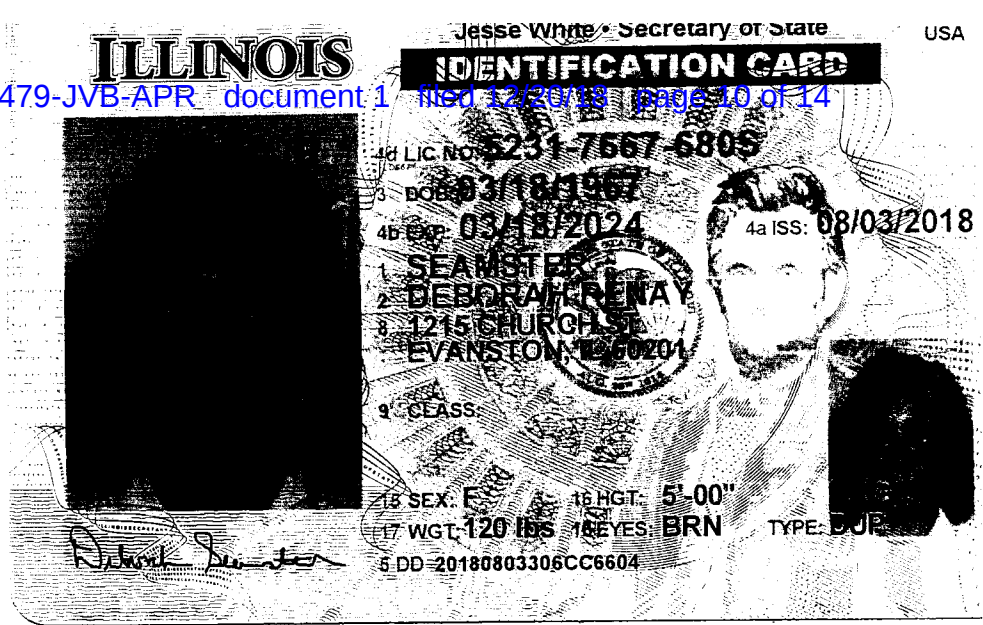
Jesse White, Illinois Secretary of State

CEYC08/03/18:02:8972: 196.00 CK01
AU95153 9FYC28972 TR 0619

| | | | | | |
|---|---------------|--------------------------|----------------------------------|-------------------------------|-----|
| Vehicle Year 1999 | | Vehicle Make NISSAN | | VIN 3N1BB41D9XL003751 | |
| Weight or CC's | | Body Style SEDAN | | Application Type PASSENGER | |
| Axles 2 | Leased/Rental | Unit Number | File Number | County COOK | 016 |
| Driver's License Number(s) or FEIN(s) S523-1766-7680 | | | Expiration Date JUNE 30, 2019 | | |
| | | | Plate Number AU95153 | | |
| Renewal Fee Due 196.00 | | PURCHASE DATE 06/27/2018 | | | |



USDC IN/ND case 2:18-cv-00479-JVB-APR document 1 filed 12/20/18 page 10 of 14



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| | | | | |
|--|---|--|--|------------------------------------|
| Client Name: DEBORAH SEAMSTER Case Number: 1056945213 | | Address: 2394 FILLMORE ST BASEM GARY, IN 46407 | | RECEIVED DEC 19 2018 |
| Instructions ▪ Include this form when transferring documents to the FSSA Document Center. Check the boxes that apply. ▪ Mail or fax documents to the Document Center - | | | | |
| INTERNAL USE ONLY DIVISION OF FAMILY RESOURCES LAKE COUNTY | | | | |
| Mailing Address: | FSSA Document Center PO Box 1810 Marion, Indiana 46952 | Fax Number: | 1-800-403-0864 | |
| Document Processing - Check the box that applies <div style="display: flex; justify-content: space-around; align-items: center;"><div><input type="checkbox"/> Image only</div><div><input checked="" type="checkbox"/> Image and Process</div></div> | | | | |
| Documents Included | | | | |
| Eligibility Documents <input type="checkbox"/> CAF <input type="checkbox"/> Client Certification & Assignment <input type="checkbox"/> Rights & Responsibilities Identity <input type="checkbox"/> Driver's License <input type="checkbox"/> State Photo ID Card <input type="checkbox"/> Student Photo ID Social Security Number <input type="checkbox"/> Social Security Card <input type="checkbox"/> Bureau for Citizenship & Immigration Services Document <input type="checkbox"/> Proof of Application for Social Security Card US Citizenship / Immigration Status <input type="checkbox"/> Alien Registration Card <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card | Money Received / Income <input type="checkbox"/> Child Support - Proof of Payment Received <input type="checkbox"/> Copy of Paychekes <input type="checkbox"/> Disability Payments <input type="checkbox"/> Employer Statement <input type="checkbox"/> Employer Statement of Termination <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension Statements / Stubs <input type="checkbox"/> Railroad Retirement Benefits <input type="checkbox"/> Self Employment Records <input type="checkbox"/> Sick Benefits <input type="checkbox"/> Social Security / SSI Award Letter <input type="checkbox"/> Statement of Loan, Gift or Contribution <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers compensation Resources <input type="checkbox"/> Annuity contract <input type="checkbox"/> Bank/Credit Union Statement <div style="margin-left: 20px;">Real Estate, Oil, Gas or Mineral Rights Deed / Document</div> <input type="checkbox"/> Statement of Vehicle Value from Licensed Dealer <input type="checkbox"/> Stock / Bond Statement or Certificate <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Vehicle Registration / Title | Expenses <input type="checkbox"/> Cancelled Rent Check <input type="checkbox"/> Homeowner's Insurance Statement <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Proof of Energy Assistance Received <input type="checkbox"/> Proof of Public Housing Assistance <input type="checkbox"/> Property Tax Statement <input type="checkbox"/> Rent Receipt <input type="checkbox"/> Landlord or Mortgage Lender Statement <input type="checkbox"/> Utility Bill Child Care / Child Support Expense <input type="checkbox"/> County Clerk Record for Child Support <input type="checkbox"/> Proof of Child Support You Pay <input type="checkbox"/> Receipt / Copy of Check for Child Care that You Pay <input type="checkbox"/> Statement from Child Care Provider Medical <input type="checkbox"/> Medical Bill / Receipt <input type="checkbox"/> Medical Statement <input type="checkbox"/> Medical Statement of Pregnancy / Due date <input type="checkbox"/> Non-claim Medical Expenses <input type="checkbox"/> Prescription Receipt or Printout | Insurance <input type="checkbox"/> Insurance Card <input type="checkbox"/> Life / Burial / Health Insurance Policy <input type="checkbox"/> Statement from Insurance Provider Legal <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Guardianship Order <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Paternity Record <input type="checkbox"/> Power of Attorney IMPACT Documents <input type="checkbox"/> Verification of Employment (VOE) <input type="checkbox"/> Attendance <input type="checkbox"/> Job Search Verification Other Documents <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | |

Carrrie Dickerson
2394 Fillmore Street
Gary, Indiana 46407

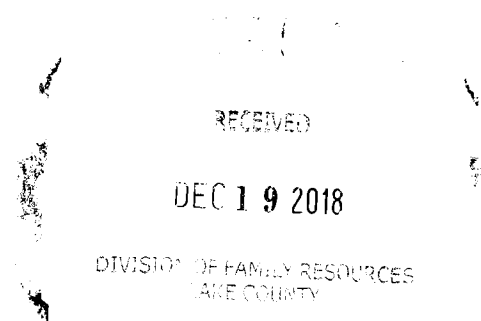
12/19/2018

FSSA
661 Broadway
Gary, Indiana 46407

To: Whomever it may concern:

Deborah Dickerson Seamster, Lives at the above address. She is homeless, the Only income is her SSI Check, She does not pay me any rent, however she does contributes every now and then. This letter is for Rent verification.

Carrie Dickerson





State of Illinois
Department of Healthcare and Family Services

Date of Notice: December 04, 2018
App Number: T08061165
Office Name: WINNEBAGO COUNTY FCRC
Office Address: 171 EXECUTIVE PKWY
ROCKFORD, IL 61107
Phone: 815-987-7620
TTY: 866-322-2681
Fax: 844-736-3563

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

DEBORAH SEAMSTER
2394 FILLMORE ST
GARY, IN 46407

Notice of Possible Entitlement to Temporary Medical Assistance

The Department has not made a decision on the application for medical coverage within the legal time limits. Due to the Department's delay, you may request a temporary medical card while your application is still pending a decision. Coverage could begin December 09, 2018 for individuals included in the application for medical assistance.

The card may be requested the following ways:

- Manage My Case, if you have an account; or by
- Returning this form to Winnebago County FCRC; or by
- Mailing the form to P.O. Box 19138, Springfield, IL 62794; or by
- Phone or in person at the office where you applied.

The temporary medical coverage will end when the Department either approves or denies your application.

This coverage does not include Long Term Services and Supports (LTSS).

